is an ongoing process. By autumn 1989, over 200 will have been trained.

In the upcoming programme it is anticipated that an additional 3-400,000 children will be fully immunized by June, 1990. If it is assumed that population remaining in Afghanistan is in the range of 10 million (the figure in most common use for planning purposes) then, by June, 1990, children fully vaccinated will represent approximately 15-20% of the total target population. This will be a significant accomplishment in a program that commenced in mid-1987, and that operates under the constraint of an armed conflict, in a country with no existing infrastructure or established governmental counterpart.

Additional accomplishments in EPI include standardization of nearly all programs, and development of common stockage. In 1989 UNICEF will support a system of shared resupply, monitoring, and retraining. It is also supporting development of a management/supervisor curriculum for graduated vaccinators capable of performing at this more advanced level. Also in 1989, UNICEF will support surveys of actual vaccination coverage and impact on disease incidence in certain selected areas.

Using the successful EPI program as a base, UNICEF plans to increase female coverage against tetanus, and to begin systematic treatment against vitamin A, iodine and iron deficiency. Expansion is also anticipated in CDD, training of lady health visitors, and hygiene programs for the village population, especially eye hygiene, as trachoma is a serious problem in many parts of Afghanistan.

In education, UNICEF has expanded support to additional muslim counterparts, and will support a one year teacher training institute in northern Afghanistan founded by a former professor of education from Kabul University, and will support mobile refresher courses for teachers in the field. UNICEF is currently investigating the possibility of providing water supply and sanitation systems to existing schools.If the assessment currently underway of the impact of radio messages is favorable, then support will probably also be expanded in this sector.

The programmes discussed here are either underway, or about to commence. It is anticipated that they can be implemented if the current conditions in Afghanistan continue more or less as they have, that is, that armed conflict continues, and that there is no mass resettlement of populations or the institution of an effective governmental infrastructure. If however future events are more favorable, then UNICEF will be ready to undertake additional programme expansion to meet resettlement and reconstruction needs of mothers and children.

..Annex A..

UTILIZATION REPORT

Donor: Government of Federal Republic of Germany

Project: Emergency Relief and Rehabilitation, Phase I: Immunization

Form 300 #: 300/88/263

Agency	CF #s	Description	CF value US $
MSH/AHC	SCF 8345	DPTP, BCG, Measles, TT vaccine and syringes	39,199
UNICEF-APO	SCF 8383	Stabilizers and gas heaters	2,358
CMC	CCF 8292	Monitoring	93,000
other	SCF 9401	Contingency--purchase of small value items	5,000
other	CCF 8299	Compiling of inventory of Afghan women in Peshawar/Quetta	30,000
IRC	SCF 9415	Generator, diesel	4,800
UNHCR	SCF 8364	Refrigerators, water filters, safety valves, etc.	33,253
TOTAL			207,610

ote: The amount received was US$ 216,216. As of 20 March, 1989, the amount spent was US$ 207,610. The balance therefore comes to US$ 8,606.

..Annex B..

List of Abbreviations

NGO	non-governmental agency
MSF	Medecins sans Frontieres
MdM	Medecins du Monde
NCA	Norwegian Committee for Afghanistan
SCA	Swedish Committee for Afghanistan
AVICEN	Afghanistan Vaccination and Immunization Center
IRC	International Rescue Committee
IMC	International Medical Corps
CMC	Coordination of Medical Committees
AEC	Afghanistan Education Committee
MA	Muslim Aid
HERC	Health Education Research Center
AHSAO	Afghan Health and Social Assistance Organization
GAF	German Afghanistan Foundation
IAHC	Islamic Aid Health Centers
MSH	Management Sciences for Health
BBC	British Broadcasting Corporation
UNO	University of Nebraska at Omaha

..Annex C..

VACCINATIONS ACCOMPLISHED TO DATE BY AGENCY AND PROVINCE

Agency	Area	Period	DPTP/ or DPT & OPV			Measles	BCG	Tetanus Toxoid		
			I	II	III			I	II	III
AVICEN	Kunar (4)	1988-89	5,800	650		4,900	2,600	1,200		
	Nangahar(2)	"	1,800			1,800	1,900	1,050		
	Paktia (5)	1987-88	3,200	1,600		2,800	3,200	3,300	400	
	Paktika (3)	1988	2,750			2,200	3,100	2,350		
	Kunduz (1)	"				850		750		
	Jozjan (1)	"				3,800				
	Bamyan (1)	"	2,700			6,450	3,150	2,250	420	
	Ghazni (1)	"				5,750		3,200		
A/IMC	Logar (1)	"				2,280	1,850	2,080		
A//NCA/ IRC/IMC A/NCA	Paktika (3)	"	4,000			4,450	5,550	2,900		
	Kunar (2)	"	1,740			1,280	1,780	660		
consor-tium	Kunar (1)	1987	2,789	677		2,469	1,997	2,623	583	
	Ghazni (1)	1987-88				395	956			
IAHC	Kandahar(1)	"				461	872			
	Urozgan (1)	1988				638	1,114			
	Helmand (1)	"				569	1,117			
MSH	Ghazni (1)	"	2,116			1,748	536	96		
	Logar (1)	"	2,584			1,522	502	2,034		
	Kunar (1)	"	1,584			1,343	607	1,911		
MDM	Wardak (3)	1987-88	2,262	2,448		3,345	2,898	1,061	901	
	Kunar (1)	1987	278	47		434	172			
	Ghazni (1)	1988	200					100		

..Annex C con't..

Agency	Area	Period	DPTP/ or DPT & OPV			Measles	BCG	Tetanus Toxoid		
			I	II	III			I	II	III
NCA	Ghazni(cont)	1987-88	16,000	16,000	12,000	12,000	12,000	300	300	
	Nangahar(1)	1988	2,467					1,300		
	Paktia (1)	"	1,500					800		
MSF	Paktika (3)	1987-88	3,797	2,368	1,299	3,593	3,711	916	527	
	Ghazni (2)	"	7,673	6,567	3,090	10,775	7,179			
TOTALS	All Provinces	7/87-4/88	65,240	30,357	16,389	75,852	56,791	30881	3,131	

..Annex D..

Estimated Target Population for Campaigns Beginning in 1989

NGO	REGION	Targeted Children	Targeted Women	Start Date	Planned Completion
AVICEN	Teams planned in all provinces	220,000	90,000	continuous--22 teams in field by 5/89	6/90
GAF	Bamiyan	10,000	5,000	Spring '89	Summer '90
IAHC	Ghazni, Kandahar, Orozgan, Helmand	8-10,000*	0	Spring '89	Autumn '89
IMC	Herat, Logar, Paktia	40,000	15,000	7/89	7/90
Alliance	12 provinces	48,000	48,000	Spring '89	Summer '90
MDM	Wardak	10,000	0	Spring '89	Summer '90
MSF	Herat, Badakshan	105,000	15,000	8/89	6/90
NCA	Nangahar, Kunar, Paktia, Ghazni	45,000	15,000	Spring '89	Summer '90
SCA	5 provinces	50,000	20,000	9/89	9/90
AHSAO	Nangahar	15,000	8,000	Spring '89	Summer '90
IRC	Paktia	50,000	15,000	Spring '89	Summer '90
TOTAL		603,000	231,000		Summer '90

*IAHC will give measles, and BCG only; all other programmes will give all 6 antigens to children, tetanus to women.

PLEASE NOTE: THE ABOVE TABLE GIVES <u>TARGETED</u> POPULATION. DEPENDING ON CONDITIONS, THE ACTUAL NUMBERS REALIZED MAY BE ONLY 50-75% OF THE ABOVE GOALS.

I. EXECUTIVE SUMMARY

The current report covers the Pakistan based programme of UNICEF assistance to Afghans living inside Afghanistan, and to refugees in Pakistan, over the period April 1988-April 1989. It is the continuation of a programme of assistance which commenced in mid-1987.

In its programme of assistance to refugees, UNICEF has provided vaccines, cold chain materials, vehicles, and technical consultants to its implementing partner, UNHCR, in the accelerated program to achieve 80% coverage of under 2 year old children, and 60% coverage of women against tetanus by the end of 1990.

In its programme of assistance to children inside Afghanistan, over 30,000 children 5 years and under have been fully, and an additional 45,000 have been partially immunized against the 6 EPI diseases. In the programme to prevent neonatal tetanus, over 3000 women have been fully, and over 30,000 have been partially immunized.

Over the reporting period, significant progress has been made towards instituting an infrastructure capable of delivering mass campaigns to a significant portion of the Afghan population, and maintaining coverage once it is established. Over 150 basic level vaccinators have been trained, and a management and supervisor curriculum is being developed. All UNICEF supported vaccination programmes have undergone coordination with joint planning of vaccination schedules, target groups, campaign strategy, regional coverage, centralized storage and joint monitoring and transport.

In education, UNICEF is supporting curriculum development, teacher training and retraining, educational materials and a portion of school running costs for the second and third largest educational assistance programs currently operating in Afghanistan. In support to grades 1-6 over 56,000 students were assisted in 1988, and this assistance has expanded to cover an additional 30,000 children in 1989. UNICEF has also supported the development of health curriculums for children in grades 1-6. In its health program for the general population, 56 health education messages on silk-screen posters, and a radio program on disability to be aired on the BBC have been produced.

Future workplans are dependent on the situation in Afghanistan. If armed conflict ceases and resettlement can occur, then perhaps markedly increased programme activities can occur. The workplan detailed below describes reasonable programme activities which can be accomplished even if conditions remain the same. These include additional inputs to the UNHCR programme for refugees in both the vaccination and MCH sectors. The programme in Afghanistan will includethe targetting of over 500,000 additional children for EPI coverage and over 200,000 females for tetanus, with continued progress in developing a management infrastructure for vaccination. Additional plans include expansion of activities into other MCH areas including training of female health workers, the development of hygiene programmes, and nutritional supplementation programmes. Support will also expand in the education sector, and may include providing water supply and sanitation facilities to schools.

II. BACKGROUND/INTRODUCTION

In 1986, the UNICEF Executive Board adopted a resolution on "Children in especially difficult circumstances", which included the recommendation to extend basic services to help "children in armed conflict". In line with this and another UNICEF mandated objective of universal child immunization by the year 1990 (UCI 1990), UNICEF started in 1987 a programme of assistance to Afghan children in several regions of Afghanistan, and to refugee children in Pakistan and Iran, mainly through its expanded programme of immunization (EPI).

To carry out the programme, UNICEF borrowed US$ 1.4 million from the IMR, and US$ 750,000 advanced from General Resources. These amounts have been replenished through supplementary funding donated from various governments. An additional US$ 7 million has been sanctioned by the Office of the Co-ordinator, Prince Sadruddin Aga Khan, to maintain and augment the level of operations from November 1988 to July 1989. These funds are to be implemented through the governments of Afghanistan and Pakistan, UNHCR, the Islamic Unity of Afghan Mujahideen and various NGO's in Pakistan, Iran and Afghanistan. Apart from EPI, activities include projects in support of Maternal and Child Health (MCH) and Education.

The Afghan Rehabilitation Programme is coordinated from its UNICEF headquarters by a specially designated co-ordinator who acts on behalf of the Executive Director and operates under the guidance of the Deputy Executive Director for Programmes. The programme in Pakistan (cross-border through local leaders in rural Afghanistan and selected NGO's, and in the refugee camps in co-operation with UNHCR and other UN agencies) is supported by a separate Afghan Programme Office in Peshawar.

The current situation of refugees deserves special notice. Since the withdrawal of the last Soviet forces in February, 1989, armed conflict over certain strategic urban centers has intensified, causing a new influx of refugees into Pakistan at a time when it was hoped that repatriation and reconstruction could begin to occur. For the immediate future, there will be a continuing need to assist the world's largest and still growing group of refugees. Meanwhile, in other more stable areas of Afghanistan, there are signs of increased planting, suggesting that other refugee groups may indeed be planning to return home and start reconstruction activities.

The health situation in Afghanistan, according to all indicators, is one of the poorest in the world today. According to The State of the World's Children 1989, the IMR is 173, U5MR is 304, life expectancy at birth is 42 years. No other country in the world has such poor parameters of survival. The main killers are preventable infectious diseases, diarrhoea and acute respiratory infections coupled with malnutrition. Measles, pertussis and neo-natal tetanus are major killers of infants and young children. Other contributing factors are closely spaced pregnancies, common misuse of medicines, poor sanitation and the lack of basic hygiene and health education.

In refugee camps in Pakistan, studies conducted by the Center for Disease Control (CDC) USA, in collaboration with UNHCR in 1984, 1985 and 1986, revealed that the

situation of refugees improved substantially after their arrival, with IMR falling to 119 per 1000 live births, and a neonatal mortality rate of 46 per 1000 births. The cause of most child deaths was diarrhoea related (65% for 0-11 months, 39% for 1-5 years), followed by measles (59% for children 1-4 years, 27% for 1-5 years).

WHO estimates that vaccination programs can reduce U5MR by as much as 50%. In addition to saving lives, immunization reduces overall morbidity and disability of the population at large, benefitting those still living inside Afghanistan where existing services are meager, and among the refugees as they prepare to return home.

III. OBJECTIVES/TARGETS FOR THE REPORTING PERIOD

General Objectives

-To reduce the mortality and promote the health of Afghan children both in refugee camps and inside Afghanistan.

-To provide support to basic education and to health education.

-To develop services in MCH.

Specific Objectives

-To continue and increase support to UNHCR which started in 1987 as part of the accelerated program to produce 80% EPI coverage of refugee children under the age of two years, and 60% coverage of women aged 15-45 years with tetanus toxoid by the end of 1989.

-To increase vaccination services to women and children living inside Afghanistan as much as possible.

-To begin to develop a functioning EPI network in Afghanistan, working with local leaders in areas where no government infrastructure exists, which may potentially be used as an entry point to extend MCH and other preventive services in the near future.

-To support training of Afghan vaccinators, and to develop the capacity to train Afghan technicians, supervisors, and managers of EPI programmes.

-To develop coordination among agencies providing immunization services in order to streamline existing activities, reduce costs, and extend coverage to greater numbers.

-To continue training of Afghan TBA's, upgrading their skills to better meet the needs of refugee mothers and children, and to begin training of female health workers in Afghanistan.

-To support schools operating in Afghanistan with materials, curriculum development, and teacher training.

-To support the development of health education materials for illiterate populations, and for children in primary school.

-To support the production of a disability series to be aired on the BBC.

-To assess educational and vaccination programmes currently offered to Afghan children living in Pakistan and Afghanistan. To assess the situation of trained women so that UNICEF is better prepared to provide future support in these sectors.

-To support nutritional surveys in selected areas of Afghanistan.

-To support a system of independent direct monitoring of project activities in Afghanistan.

IV. ACCOMPLISHMENTS

Refugees in Pakistan: The UNHCR contribution to the EPI programme in 1988 was US$ 596,000, of which $190,000 was for the procurement of vaccines. UNICEF contributed $785,000 for vaccines, cold chain equipment, supplies, vehicles, and a consultant.

Acceleration of the EPI program, which is implemented by UNHCR, has involved changing the vaccination strategy from primarily a static approach to outreach, with the hiring and training of additional staff, particularly female vaccinators, and with strengthening of management and supervision. Improvements were made in vaccine supply and storage, logistics, transport and proper sterile injection technique. Detailed district vaccination surveys were performed, and consultants were engaged to evaluate the programme and provide technical assistance.

At the end of 1987, coverage in the camps was assumed to be low. The only evaluations of coverage for children had been performed by the CDC (1984,'85,'86) showing in 1986 that fewer than 55% of children under 5 years had a BCG scar. In 1987, a survey in 2 districts of Baluchistan showed fully immunized rates for children 1-4 years to be 28% in one district, and 11% in the other.

Surveys conducted in all 3 provinces in Pakistan during 1988 showed that overall the fully immunized rates for children 12-23 months were low, the average for the districts was 22% with a range of 7-37%. These figures are an underestimate however, as they are based only on the information recorded on the EPI card, and an average of 17% of the children's cards had been lost. An average of 65% of children had a BCG scar and 79% of children were partially or fully immunized from EPI card or history. From cards and history, some 59% of women were fully or partially immunized against tetanus.

UNHCR has predicted that with the accelerated program now in place, the goal of 80% coverage of children under 2 years, and 60% coverage of women by the end of 1990 can be met. As the approach taken was designed to put in place a system which can maintain coverage, and was not simply a series of mass campaigns that

would improve coverage but not existing services. If they return soon, the refugees will be better protected against the leading childhood infectious diseases. If however, the situation does not allow rapid return, a system has been built whereby these higher coverage rates can be maintained in the future.

The Pakistan based EPI Programme for Afghanistan: Until the advent of UNICEF support in mid-1987, there were virtually no EPI services for those living in rural Afghanistan. Even before the war, coverage of the rural population had been very poor, with no country-wide system of functioning basic health care in place. In the mid-70's, a programme supported by US-AID, UNICEF and the Ministry of Health to institute such a system had been designed, and had passed through a successful pilot phase, but these activities were terminated in 1979 with the change in government.

It had been generally believed that vaccination programmes could not be successfully implemented in Afghanistan during the war. Initially, it was feared that a cold chain could not be maintained given the lack of electricity with travel times of up to one month by horse to reach the scattered rural population. Other constraints included the lack of a road system, the instability produced by armed conflict and the absence of a governmental counterpart.There was a general lack of appreciation of the magnitude of early childhood mortality among most agencies providing assistance in Afghanistan, and a sense of acceptance or fatality with regard to such high losses of their children from infectious diseases among the Afghan villagers themselves.

A pilot phase of assistance to a small number of agencies in mid-1987 demonstrated that by using high quality cold chain equipment, heat stable vaccines,and a modified vaccination protocol (using DPT combined with killed augmented injectable polio, allowing a two dose rather than a 4 or 5 dose regimen) which had been successfully employed in west Africa, vaccination programs were feasible. Reaching the target population depended on local political factors and the armed conflict, but in general vaccination was proven to be a popular service.

An assessment of vaccination progress as of April 1988 showed that in the first 6 months of operations, 10,000 children through the age of 5 years had been fully, and 20,000 had been partially immunized. Figures for female coverage against tetanus were much lower, with 2,200 fully and 6,000 partially immunized. These numbers, although small, were encouraging, showing that possibilities existed for implementation of a larger scale programme.

With the signing of the Geneva accords in April, 1988 (see above), emphasis shifted to encompass plans for future resettlement and reconstruction, focusing attention on developing the capacity of the Afghans to accomplish programme implementation themselves after the cessation of the conflict. (Functional literacy in men has been estimated at 5% before the war, lower in rural areas, with the additional loss of skilled manpower due to the war, the lack of skilled Afghan mid and top level managers, supervisors and trainers is a profound problem.)

Accomplishments to the present include the training of over 150 Afghan vaccinators in a four month intensive course implemented by an NGO, AVICEN, which

was created in mid-1987 to deliver vaccination and other preventive services. In over one year of activities in Afghanistan, these vaccinators have shown themselves to be capable of maintaining a cold chain and conducting mass vaccination campaigns in isolated rural regions.

UNICEF has expanded support to include nearly all interested agencies with a capacity to implement vaccination in Afghanistan. Currently, some type of cooperation exists with 11 counterparts, including Afghan, muslim and western agencies, as well as the Alliance Health Committee. Afghan vaccinators, working alone, or sometimes under the guidance of expatriate supervisors, have fully immunized over 30,000, and partially immunized an additional 45,000 children 5 years and under. Over 3000 females have been fully, and 30,000 partially immunized against tetanus. Programmes to target females were commenced in significant numbers only in autumn 1988, when EPI programmes for children had been shown to meet with success, thus the program was expanded to include women.

A major accomplishment over the last 12 months has been the development of an informal infrastructure that should allow the acceleration and streamlining of services, making them more cost effective. All vaccination protocols have been standardized, and UNICEF supports a vaccination coordinator position to facilitate planning, joint activities, and greater cooperation between agencies. Vaccines are stored centrally, and basic housing has been arranged for vaccinator students travelling long distances out of Afghanistan (if they have no other resources in Pakistan). These factors had been constraints during the pilot phase of activities. Vaccine storage depots inside Afghanistan and a shared resupply/retraining/monitoring system are projects currently under development.

Training of female health workers and supervisors: In a programme that has been ongoing since 1985, Save the Children Fund-UK (SCF-UK) has trained over 350 female health workers (FHW's) in the importance of immunization, safe delivery techniques, ante and postnatal care, recognition of complications needing referral, management of diarrhea with preparation of ORT, and the basics of proper weaning and nutrition. Training of 24 female supervisors occurred in 1988. The program target for 1989 is 30 female health supervisors (FHS's) and 500 FHW's.

Support to basic education in Afghanistan: Through its counterpart, the Afghanistan Education Committee (AEC), which is the second largest (after the US-AID contractor) implementer of education programs in Afghanistan, UNICEF has contributed a portion of teacher salaries, transportation costs and teaching materials for 375 schools benefitting more than 56,000 students attending grades 1-6 in 21 out of Afghanistan's 28 provinces. Support has also been provided to develop a health care curriculum for grades 4-6. In 1989 additional support is provided for teacher training and monitoring of programme activities.

Health education for refugees and children: UNICEF has sponsored the development of 56 silk screen posters carrying a series of simple health messages (vaccination, hand washing, breast feeding, weanling foods, etc) for use by health care workers, targeting the general refugee population and those still living inside Afghanistan. In addition, a health education curriculum combining literacy teaching with health messages is being developed by HERC for grades 1-6.

Disability series for radio: In Afghanistan, where literacy is so limited, radio is an alternative medium for conveying educational messages, with the potential for reaching far greater numbers. The BBC Pashto service is extremely popular among the Afghans. Last year a health series was aired which received a Sony award. The series was recently re-aired, and UNICEF is supporting an assessment to determine whether the messages reached and have been retained by the target population. If the findings indicate that it was worthwhile, the program may be translated into Farci and expanded. Meanwhile, a series on disability and its prevention has just completed production and is about to be aired. This topic is of considerable current interest and importance given the large number of disabled and the likelihood that resettlement in the presence of millions of mines will further increase these numbers.

Assessments of vaccination, education, and female training sectors: To better understand the effectiveness and constraints of current assistance programs and to plan for support during reconstruction in a more meaningful fashion, in late 1988, UNICEF supported two consultancies to assess education and trained women. Many of the constraints in education, described in detail below, only became apparent due to the consultant's assessment. Likewise, the assessment of trained females revealed that the number possessing professional skills (doctors, dentists, teachers) was extremely small, and that many of these did not plan to return to Afghanistan unless a stable "moderate" government could ensure security for the trained elite. Among refugee women who had received technical training (LHV's, LHS's) it was found that there was a geographic and regional bias to those who had been trained, favoring Pashtoons from eastern provinces. UNICEF's vaccination programmes in Afghanistan were assessed by consultants in April and December, 1988. These assessments identified needs for improved coordination, centralized storage and transport, advanced training on a management/supervisory level for graduate vaccinators, and possibilities for expansion in the MCH sector, using the successful infrastructure developed over the last two years in EPI services. Another consultancy to assess the cold chain, logistics and management of the UNHCR implemented refugee vaccination program identified weak points and gave direction to the acceleration of coverage. All assessments have provided valuable inputs for improved programme planning for the future.

Nutritional surveys: A nutritional survey (mid-arm circumference) was conducted by Medecins Sans Frontieres (MSF) in Afghanistan. A survey of goiter incidence in Badakshan currently being completed will identify valleys needing prophylactic treatment for iodine deficiency. Afghanistan contains pockets of iodine deficiency that may be the most severe remaining in the world today. Iodine deficiency can result in cretinism and congenital deafness, and probably has a detrimental impact on the overall intelligence in the affected population. UNICEF will initiate support for iodine treatment programs in Pakistan and Afghanistan in 1989.

Programme monitoring: Because direct programme monitoring by UNICEF is currently impossible in Afghanistan, except in a very limited way (Salam missions), UNICEF has supported a consortium of agencies providing medical assistance in Afghanistan (Coordination of Medical Committees, CMC) to engage in monitoring activities. Two monitoring missions have been completed, and a third is underway. In these missions, two experienced individuals who have worked previously in

Afghanistan and who speak the local language, travel to various sites where programme activities are occurring, spend time at the facility, fill out a questionnaire, and provide some support to those working in the field, identifying their concerns and constraints. These reports provide valuable inputs for assessing existing and planning future programmes. In addition to this type of monitoring, UNICEF's counterpart NGO's and other agencies submit reports usually after having completed each mission in Afghanistan. Photos, videotapes, and reports of non-UNICEF counterpart agencies or others visiting the areas in question are additional less formalized methods of programme monitoring.

V. CONSTRAINTS

Vaccination coverage of the refugees: Constraints include difficulties in identifying and employing new staff, especially female staff, coupled with societal codes which restrict access to the female population, who are the primary caretakers of young children. Additional factors are the relative difficulty in providing services in the tribal zones of Pakistan in which approximately 60% of the refugees are settled, compared to the settled areas. (Tribal zones, located along the frontier with Afghanistan, have a different civil administration from the rest of Pakistan, and are areas that tend to be more difficult in which to appropriately deliver services). Additional factors include migratory populations and local factors such as safety for those providing services in areas which may be inhospitable, or friction between various recipient groups which may limit access to services. These constraints are being met by employing additional female staff, providing incentives to work in tribal zones, meeting with local leaders, and providing small mass campaigns to meet the needs of recent arrivals or migratory groups.

Vaccination activities in Afghanistan: Constraints include safety factors due to the continuation of the conflict, the absence of an adequate system of transportation combined with enormously inflated charges for transportation services (profiteering among groups controlling transit routes), the geographic and cultural isolation of many underserved tribal groups who do not readily welcome services from "outsiders", the nearly complete lack of skilled experienced Afghan managers and technicians, the relative inaccessibility of females to male vaccinators, a perception among the population that "babies are too young to vaccinate", a tendency to bring a disproportionate number of older children for vaccination and a belief that "one shot is enough". Some constraints will be overcome only with the end of conflicts and long-term educational inputs. Others can be ameliorated by purchasing vehicles and providing simple visual community education materials, which are under production.

Support to basic education in Afghanistan: The demand for educational assistance in Afghanistan exceeds the current ability of agencies to support programmes, due to manpower, financial and logistical constraints. It has been estimated that only 18% of eligible children ages 6-14 are enrolled in schools. The overwhelming majority of students attending classes are boys, and most of these drop out of school prior to grade 4. Assessments of functional literacy done several months after having completed 3 years of schooling have revealed that most children have not gained (or retained) even rudimentary reading skills. Factors include social dictates that determine the curriculum: a majority of teaching is religious,

rather than being directed at the acquisition of other basic skills, additional limitations include poorly trained teachers, and a high absentee rate among students attending schools. Overcoming these constraints requires first, recognition, and then a slow process of gaining trust among the recipient population plus teacher training. In late 1988, a UNICEF supported Assessment of Educational Activities provided useful insights to the current state of education among refugees and those living in Afghanistan. In 1989, UNICEF has provided additional inputs to teacher training and monitoring of programme activities.

Health education: Constraints in this area include an low overall appreciation by the public of the importance of sanitation and public health to survival, as well as adequate sensitivity and knowledge among those developing materials so that they are culturally (and politically) acceptable to all parties. In the past, materials were sometimes produced which were not acceptable to the target populations. Again, overcoming these obstacles requires long-term educational inputs, and experience and cultural sensitivity in those who are developing materials.

Radio education: Radio is known to be an extremely popular and well accepted medium among the Afghans. However, it is not known whether women and children have the same access as men, or how effectively the radio can serve as a teaching medium among the Afghans. A survey is currently evaluating this.

Consultancies: The most important constraints facing consultants are twofold: those possessing adequate skills are rarely Afghans, so despite their expertise, they are outsiders; second is the inability to travel inside Afghanistan, thus information collected is secondary and derivative. Despite these constraints much useful information has been gained, allowing improved programme planning (see above).

Programme monitoring: Because programmes in Afghanistan must be monitored indirectly, less certainty exists as to how the programme is actually functioning. It is hoped that with the diminution of armed conflict, combined with increased capacity with the opening of the new Afghan Programme Office, that this year more direct on-site verification can occur.

VI. FUTURE WORKPLANS

In the UNHCR implemented acceleration to refugee vaccination coverage, UNICEF will increase its support in vaccines, equipment, vehicles and by providing a technical consultant.

UNICEF will broaden support in the MCH sector of refugee assistance by providing medicines or materials for growth monitoring, treatment of anemia, iodine and Vitamin A deficiency, control of diarrhoeal diseases, and additional development and production of health education materials.

In vaccination activities in Afghanistan, UNICEF is continually expanding the population covered, and expects to support at least one team of vaccinators in every province of Afghanistan by spring, 1990. Training of additional vaccinators

FINAL REPORT

Country:	Afghanistan
Project Title:	Emergency Relief and Rehabilitation, Phase I: Immunization (Replenishment of IMR Loan)
P/L Reference:	624
Form 300 Reference:	300/88/263
Donor:	Federal Republic of Germany
Funds Received:	(H.Q. to fill)
Actual Expenditure:	(H.Q. to fill)
Report Number/Period:	First and Final (September, 1988--March 1989)

UNICEF
Afghanistan Programme Office
Peshawar, Pakistan

April, 1989

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In its programme of assistance to refugees, UNICEF has provided vaccines, cold chain materials, vehicles, and technical consultants to its implementing partner, UNHCR, in the accelerated program to achieve 80% coverage of under 2 year old children, and 60% coverage of women against tetanus by the end of 1990.

In its programme of assistance to children inside Afghanistan, over 30,000 children 5 years and under have been fully, and an additional 45,000 have been partially immunized against the 6 EPI diseases. In the programme to prevent neonatal tetanus, over 3000 women have been fully, and over 30,000 have been partially immunized.

Over the reporting period, significant progress has been made towards instituting an infrastructure capable of delivering mass campaigns to a significant portion of the Afghan population, and maintaining coverage. Over 150 basic vaccinators have been trained, a management and supervisor curriculum is being developed, all programmes have undergone coordination with joint planning of vaccination schedules, target groups, campaign strategy, regional coverage, centralized storage and joint monitoring and transport.

In education, UNICEF is supporting curriculum development, teacher training and retraining, educational materials and a portion of school running costs for the second and third largest educational assistance programs currently operating in Afghanistan. In support to grades 1-6 over 56,000 students were assisted in 1988, and this assistance has expanded to cover an additional 30,000 children in 1989. UNICEF has also supported the development of health curriculums for children in grades 1-6. In its health program for the general population, 56 health education messages on silk-screen posters, and a radio program on disability to be aired on the BBC have been produced.

Future workplans are dependent on the situation in Afghanistan. If armed conflict ceases and resettlement can occur, then possibly markedly increased programme activities can occur. The workplan detailed below describes reasonable programme activities which can be accomplished even if conditions remain the same. These include additional inputs to the UNHCR programme for refugees in both the vaccination and MCH sectors, and in Afghanistan, the targetting of over 500,000 additional children for EPI coverage and over 200,000 females for tetanus, continued progress in developing a management infrastructure for vaccination, expansion of activities into other MCH areas including training of female health workers, the development of hygiene programmes, and nutritional supplementation programmes. Support will also expand to the education sector, and may include providing water supply and sanitation facilities to schools

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